

MEMORANDUM FOR THE RECORD

SUBJECT: Meeting of [REDACTED] Ad Hoc Working Committee

22 April

1. At 0900 hours, a meeting of the [REDACTED] Committee was held in [REDACTED] building to discuss further developments in the assessment of [REDACTED]

Those attending were:

Mr. [REDACTED]
Mr. [REDACTED]
Mr. [REDACTED]
Mr. [REDACTED]
Mr. [REDACTED]
Mr. [REDACTED]
Mr. [REDACTED]

Mr. [REDACTED]
Mr. [REDACTED]
Mr. [REDACTED] Chief/- Contacts/00:
Mr. [REDACTED]
Mr. [REDACTED]
Dr. [REDACTED]
Dr. [REDACTED] (Consulting Psychiatrist):
etc

2. Mr. [REDACTED] opened the meeting by stating that for the past week the handling of [REDACTED] had been undertaken by 00 and that Doctors [REDACTED] and [REDACTED] had conducted psychological and psychiatric examinations of the subject.

3. Dr. [REDACTED] read the bio data that had been collected and gave his impressions of the Subject. Dr. [REDACTED] then spoke at some length on the psychiatric examination he had conducted. The gist of his comments were that [REDACTED] is definitely a schizophrenic-paranoid with both escapist and, perhaps, suicidal tendencies. The Subject has behaved very erratically the past week (e.g., kicking a window out; turning candles and bulbs upside down, not sleeping at all; making sexual approaches to maids; smashing up a tractor; going swimming nude; turning pictures to wall; making somewhat wild statements, etc etc etc). The summation of Dr. [REDACTED] remarks was that the Subject will need extensive psychiatric therapy, is a mentally sick man, and would probably have to be treated for the next 3-4 years, including electric shock treatment. In response to a query from Mr. [REDACTED] Dr. [REDACTED] said that the Subject would be "fairly" reliable in giving information in which he is not identified personally and which does not involve people known to him, but in view of his contradictory statements and remarks would certainly not be reliable. Mr. [REDACTED] asked the possibilities of the Subject "faking" his psychotic condition and whether this could be ascertained definitely. Dr. [REDACTED] indicated that this had also troubled him; he then recommended the use of Sodium Pentathol during the week-end of April 26th to determine this.

4. Additional discussion followed on this point, by several members of the Committee. The decisions arrived at were as follows:

a. Sodium Pentathol will be administered this week-end.

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- b. The debriefing and interrogation of Subject will proceed up to the time of the drug treatment.
- c. The Subject of the interrogations this week will be on [redacted] and [redacted] matters. [redacted] will include tests questions along with the routine questions.
- d. Interrogation on these questions will also take place while [redacted] is under the influence of Sodium Pentathol to check bona fides of previous responses.
- e. Determination of additional steps will be contingent on the outcome of the Sodium Pentathol examination.
- f. Another meeting of the Ad Hoc Committee will take place next week. The matter of psychiatric rehabilitation will be further explored in the interim by the psychological and psychiatric staffs.

A/G

[redacted] A/G [redacted]

[redacted]